



# Community Mental Health for Central Michigan

www.cmhcm.org

**Michigan Department of Community Mental Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Family Psychoeducation  
Program Narrative  
Quarterly Report**

Report Period 10-1-06 to 12-31-06

PIHP Community Mental Health for Central Michigan

Program Title Family Psychoeducation

Executive Director Linda Kaufmann

Address 301 S. Crapo St. Mt. Pleasant MI 48858

Contact Person Kim Boulier or Linda Kaufmann

Phone 989-772-5938

PCA# 20702

Contract # 20061238

Federal ID 38-3599944

- A. Systems transformation efforts and implementation activities of the Improving Practices Leadership Team over the last quarter have continued. The team continued to meet monthly and discussed Evidence-Based programs being practiced in CMHCM. Regular agenda items consist of reporting on the grant funded EBP's, as well as other ones already implemented throughout the agency. IPLT is responsible for one of the agency strategic plan goals to increase the use of EBP's. IPLT members have been reporting to other agency committees, including the Performance Improvement Committee, on progress. Other issues addressed by the IPLT consisted of reviewing service programs for quality, efficiency and cost effectiveness to assess possible implementation in other CMHCM counties.
- B. The Systems Change process activities during the 1st quarter of year two regarding Family Psychoeducation have improved. CMHCM has Multi-family groups running in 5 of 6 counties and 24 trained staff so the program is becoming more familiar to other staff and people in the community. The phases and components of the model are also becoming more known by others. FPE is a regular topic at staff meetings and at service committee and board meetings.
- C. Consensus building and collaborative service efforts with other systems and agencies continued during the 1st quarter. SAMHSA tool kit information to



**Joint Commission**

on Accreditation of Healthcare Organizations

*Serving Clare, Gladwin, Isabella, Mecosta, Midland, and Osceola Counties*

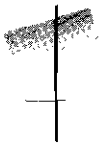
The George Rouman Center • 301 South Crapo • Suite 100 • Mt. Pleasant, Michigan 48858  
(989) 772-5938 Voice • (989) 773-1968 FAX • (989) 773-2890 TTY



program leaders, clinical staff and Community partners has been disseminated regularly. The partnership between FPE and support groups continues to build as they share membership. Continued education has occurred and board meetings and at meetings within the counties' community agencies.

- D. Family Psychoeducation outcomes achieved the 1st quarter included those for further implementation throughout the six counties. Clare County has been doing more joining and has their Family Workshop scheduled in January. Four other counties are running Multi-family groups. Awareness and Consensus building continue to occur as outlined in the previous section.
- E. There was no formal training of staff during the 1<sup>st</sup> quarter of 06/07. The CMHCM Learning Collaborative met twice this quarter. One meeting included supervision via conference call with our national trainer, Tom Jewell. He had given positive feedback on the video he received and answered clinical and structural implementation questions. The other Learning Collaborative meeting included a chance for trained staff to network with each other, problem solve, and share ideas.
- F. There have been less challenges and issues encountered in implementation this quarter. The summer season was problematic regarding progress, but following the summer season the newest trained staff progressed nicely. Mecosta and Osceola Counties Multi-family groups progressed further to the problem-solving phase of the Multi-family group process.
- G. Data collection, fidelity and process monitoring activities have continued throughout the 1st quarter. The coding of activities accurately improved over this quarter. The learning curve of knowing which activity code for which service took some time for staff to master, but is getting better overall. Meetings with the Quality Advisor regarding more efficient data collection occurred this quarter. Data elements will be sorted more efficiently so no manual data collection of service data needs to be done for fiscal year 06/07.
- H. CMHCM is proud to report that FPE activity occurred in 5 of our 6 counties. A total of 139 services were done with 30 unduplicated consumers/families. There were 30 joining sessions, one Family Workshop and 93 consumers and/or family members attending a Multi-family group session during the 1<sup>st</sup> quarter of 06/07.





- I. CMHCM financial support and resource allocation to the Family Psychoeducation project continues to be excellent the 1<sup>st</sup> quarter. Clinical and clerical support was provided when needed. The FPE coordinator continues to be relieved of some duties to be able to fulfill the duties of coordinating the six county implementation for CMHCM. Additional funding beyond the grant for supplies, training, and travel have been provided whenever needed.

The contract addendum was submitted to MDCH as scheduled prior to January 12, 2007. The request was for unused funds from 05/06 to be carried over to 06/07 with some adjustments in funding between categories being requested. Basically, decreasing the amount predicted for contracts and increasing the amounts for supplies and training needs.

- J. Activities planned to address the FPE project's goals and objectives for the next quarter include working on the contracts for facilitation of focus groups and consumer and family surveys. Awareness and consensus building activities will continue including dissemination of SAMHSA tool kit information. Data and materials will be sent to U of M for fidelity measurement and evaluation. A process to obtain continuous feedback will be pursued.



Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Family Psychoeducation  
First Quarter Report  
FY 2006 – 2007

Report Period: October 1, 2006 through January 30, 2007  
PIHP: Detroit-Wayne County Community Mental Health Agency  
Program Title: Family Psychoeducation Project  
Deputy Dir.: Veda Sharp  
Address: 640 Temple, Detroit, MI 48201  
Contact: Michelle Reid, M.D.  
Phone: 313/833-2410 Fax: 313/833-2156 E-mail: [mreid@co.wayne.mi.us](mailto:mreid@co.wayne.mi.us)  
PCA# Contract: 20061239 Federal ID: 38-6004895

- A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Improving Practices Leadership Team met monthly this quarter. A subcommittee on financing alternatives for EBP's met three times to review funding methodology and develop a statement with issues and possible formulas for IPLT's consideration. Subcommittee members include Dr. Cathy Liesman, Deputy Director of Development Centers, Inc., Ms. Alice Meng, LMSW, Deputy Director of Lincoln Behavioral Services, Mr. David Pankotai, MA, E.D. of ConsumerLink Network, and Anne Segall, LMSW, FPE Coordinator. This subcommittee invited Jeff Capobianco to one of its meetings for consultation and to review the costing methodology of Washtenaw County's programs. In the January 10, 2007 meeting, costing methodology for the FPE program and the Parent Management Training Oregon (PMTO) was developed. The next meeting will include representatives from the MCPNs. A final report will be given to the IPLT committee in the 2<sup>nd</sup> quarter.

- B. Briefly describe the Systems Change process activities during this quarter and the Impact of this Evidence –Based Practice process on creating systems change.

The FPE project coordinator held ongoing meetings with administrators and clinical supervisors within the provider organizations to continue consensus building, sustain commitment and strengthen communication and collaboration. Lincoln Behavioral Services and Development Centers, Inc. include all levels of administration and clinical staff in the FPE implementation planning meetings, which are held weekly. Outreach to new providers was initiated in December and includes administrators, supervisors and practitioners to promote greater program integration and synergy. Collaboration continuously focuses on a recovery orientation. On January 26, an overview of EBP's, including FPE, will be offered

to all providers in D-WCCMHA's system. The following week, in early February, a clinical forum for all practitioners will be held to promote an ongoing learning collaborative in Wayne County aimed at facilitating education and systems transformation. Project CARE, D-WCCMHA and the FPE coordinator are working collaboratively with the Virtual Center for Excellence planners to create community educational programs and network building.

- C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

The FPE coordinator is working collaboratively with eight provider organizations to initiate implementation of the program. Additionally, a learning collaborative will be established with Project CARE and all providers in the D-WCCMHA system to begin education about EBPs. Educational programming is being developed with the planners of the Virtual Center for Excellence which includes The Guidance Center, Wayne County Community College, Wayne State University and D-WCCMHA. FPE programs at Lincoln Behavioral Services, Community Care Services, Development Centers, Inc have all included collaboration with consumer and peer support programs including WRAP and NAMI. The FPE program coordinator is working actively with the Community Planning Council and is a member of the workforce development subcommittee looking at training, credentialing, salaries and caseloads for practitioners throughout the system.

- D. Briefly describe the progress toward achieving each of the Family Psychoeducation Project outcomes planned for this quarter

During this quarter, Community Care Services initiated two biweekly multifamily groups in Lincoln Park and Taylor, Michigan. Practitioners for both groups report that the response by participating families has been very positive. Lincoln Behavioral Services in Redford has scheduled their educational workshop for January 27, 2007. This FPE group will serve families and consumers from the Clubhouse and ACT programs. The outpatient department and an AFC caseworker are continuing recruitment for a group which is planned for early spring. Development Centers, Inc. has begun recruitment of families within their outpatient department and will initiate the joining phase in January. It is anticipated that the workshop will be held in March. DCI is sending two ACT staff and a Clinical Supervisor to the McFarlane training in January.

During the later half of the quarter the FPE coordinator conducted outreach to additional provider organizations. Meetings were held with Southwest Counseling Solutions; ACCESS Family Counseling (Arab Community Center and Economic and Social Services); The Guidance Center; and Northeast Guidance. Southwest Counseling, ACCESS, Northeast Guidance and DCI are sending staff to the January training. Both Southwest Counseling and ACCESS

have expressed interest in “cultural” issues for the Hispanic and Arab families they serve.

The project coordinator meets weekly with facilitators and supervisors at Community Care services, Development Centers, Inc. and Lincoln Behavioral Services to provide ongoing consultation and educational support. Ongoing clinical supervision from Jeff Capobianco and Liz Dorda of the State Subcommittee on FPE has been provided. The project coordinator consults with Jeff Capobianco regularly on clinical and implementation issues.

The FPE coordinator attends the Community Planning Council meetings and is a member of the Council’s Workforce Subcommittee currently examining workload and training issues for direct care workers and practitioners in Detroit-Wayne County CMH.

D. Briefly describe staff training and technical assistance obtained during this quarter.

Ongoing supervision with Jeff Capobianco and Liz Dorda was provided to the three active sites. The coordinator provides consultation and current literature to all participating practitioners and supervisors. Seven practitioners attended the October Learning Collaborative and 12 practitioners are registered to attend the January McFarlane training. The coordinator provided copies of the FPE SAMSHA toolkit workbook to practitioners from ACCESS and Southwest Counseling and reviewed the basic concepts of the program in preparation for the training. Consultation regarding families’ response to the holidays was provided to LBS and CCS practitioners in a December weekly meeting. The FPE coordinator provided an in-service workshop on licensing and continuing education (ceu) requirements for social workers at The Guidance Center and at Detroit Central City.

Continuing education and training for practitioners has been identified as a major priority for the Virtual Center for Excellence planning group. The FPE coordinator attends VCE planning meetings and participates on the Curriculum Subcommittee. A Curriculum Forum, modeled on the Learning Collaborative, and developed by Project CARE is being held January 26 for practitioners in D-WCCMHA to provide an educational overview of IDDT, FPE, ACT and the Recovery initiative. A Clinical Forum for practitioners and clinical supervisors will be held February 1 and will be facilitated by Project CARE. These forums will be held quarterly.

E. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

Understaffing and excessively high caseloads, identified in previous reports, is an issue to be examined by the Workforce Subcommittee of the Community Planning Council and the FPE coordinator is participating in committee activities. Two Deputy Directors, from LBS and DCI, are working to find ways of addressing caseload issues when practitioners begin FPE implementation and clinical activities, so that appropriate compensation for the time commitment is integrated into the productivity monitoring. However, this workforce problem remains an issue at the macro level of the organizational system.

Funding for EBP's and FPE is being reviewed by a subcommittee of the IPLT. A current and realistic formula was developed in a meeting with the FPE Coordinator and the Deputy Directors from LBS and DCI in a January 10, 2007 meeting. It will be submitted to MCPN directors and the IPLT in February.

- F. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

FPE evaluation for Community Care Services has included joining, educational workshop, first group and family extraction data. All measures have been reviewed with supervisors and practitioners at DCI and LBS.

- G. Describe PIHP financial and in-kind support utilized to support the project and sustainability planning

Provider organizations have donated additional staff time required for training, planning and implementation meetings, Time from administrators, peer specialists and clinical supervisors has also been donated for the Improving Practices Leadership Team, lead by Dr. Michelle Reid. The IPLT's funding subcommittee has donated time for developing funding formulas for EBPs. The PIHP provides financial and in-kind support for the Virtual Center of Excellence planning initiative, created to develop a collaborative educational network for training and research, and for the Community Planning Council activities.

Signature:

Submitted by: R. Michael Massanari, MD, MS  
Wayne State University Project CARE

This report has been reviewed and approved by:

Maureen R. Thomas, D-WCCMHA Contract Manager

Name

Division

Date

January 25, 2007

**Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Family Psychoeducation  
Program Narrative  
Quarterly Report**

Report Period 10/1/06 - 12/31/06  
PIHP Genesee  
Program Title Family Psycho-Education  
Executive Director Dan Russell  
Address 420 W Fifth Ave  
Contact Person M.Hogle (810) 424-6082/ T.Malin (810) 762-5240  
PCA# \_\_\_\_\_ Contract # \_\_\_\_\_ Federal ID \_\_\_\_\_

- A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team:

**The committee continues to meet, make recommendations for practice modification and implementation, and oversees the implementation of evidence based practice. Topics include data management, model fidelity, stakeholder education, training, allocation of resources, and implementation of FPE, COD-IDDT, and Multi-systemic Therapy (MST). Maintenance of model fidelity in network ACT programs has been monitored by the committee.**

- B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change:

**The FPE sub-group continues to meet. Discussion surrounds the monthly group sessions and supervision with our Maine mentor 'Ed'. We plan to have our second group operational next QTR. We have within our provider panel 4 interested providers to work with us on the provision of FPE. Eight staff members across these four providers will attend the January FPE 101 training.**

- C. Briefly summarize consensus building and collaborative service efforts with the other systems and agencies that have taken place during this quarter:

**We are planning for another awareness-raising workshop with community stakeholders this winter in February. The PIHP has uncovered no barriers to the process of implementing EBP during this quarter. Board members and community stakeholders continue to agree that implementation of EBP is a positive and critical step. The involved families remain enthusiastic and report a benefit from attending and participating in the groups.**

- D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter:

**The multi-family groups continue every other week. We have acquired equipment to outfit one video teleconferencing site and are preparing to secure another. We are in the process of locating a second meeting site.**

- E. Briefly describe staff training and technical assistance obtained during this quarter.



Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project:

**CMHSP staff continue to attend the learning collaborative sessions. PIHP and CMHSP staff continue clinical supervision with Ed Owens (Maine). Four staff will attend FPE 201 (part 2) in January.**

- F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

**A revisited budget has been prepared to justify carry over funds from FY 2006 for use in FY 2007. This budget will be submitted in January and details our need for sign language interpreters and the associated expense, along with the further expansion of FPE to the community through our network providers.**

- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

**Final versions of Data Collection and Process Monitoring activities received from Mary Ruffilo have been implemented in our test group. We continue to monitor any information disseminated to us.**

- H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

**We are considering an adolescent group of newly diagnosed 16-17 year olds. It is unclear at this time if this will be a thought or a mood disorder group. This group is expected to roll out late FY 2007.**

- I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

**We will be submitting the rationale for our continued need of the FY 2006 grant funds in January as indicated above.**

- J. Describe the activities planned to address the project's goals and objectives for the next quarter.

**We will continue to provide multi-family groups for those with thought disorders. We will continue our preparations for a group focused on the population with mood disorders. We will begin the decision making process in regards to the adolescent group. The Improving Practices Committee will continue to meet to resolve barriers to process Stake holder awareness will continue**

**MDCH BLOCK GRANT FY 06/07  
KALAMAZOO COMMUNITY MENTAL HEALTH  
AND SUBSTANCE ABUSE SERVICES**

**Project Name:** EBP - Family Psychoeducation

**Time Period:** 10/01/06 – 12/31/06

**Contract Number:** 20071330

**Project Number:** 20611

**MDCH Specialist:** Judy Webb

An extensive work plan was developed for this project. Due to several factors, including the long-term absence of the MIA Director, this project is currently behind in carrying out the prescribed work plan activities.

However, the part time Family Support Facilitator (Specialist in original grant) FPE position was filled in October of 2006. Several educational meetings were conducted with the two staff who work in an existing Family Support program which will interface and/or integrate with the EBP of FPE. These staff have been studying the FPE toolkit to become familiar with it. Currently, staff have determined that we are providing Stages 1 and 2 of the EBP FPE. What is needed to do is develop an implementation plan for Stage 3, which is to bring families and consumers together. A data system has been developed in preparation for program implementation.

Additional brainstorming activities, regarding the interface/integration of the current Family Supports Program and the EBP Family Psychoeducation will need to continue upon the employment of the FPE Coordinator. The Coordinator position has been advertised and interviews begin the first week of February 2007. Once the Coordinator position has been filled, it is felt that the work plan will be operationalized quickly.

Since implementation has had a slow start, a mid-year evaluation will be conducted to determine if there is a need to amend the contract.

The population served will be any KCMHSAS adult with a mental illness and/or co-occurring diagnosis and their families. The Family Support Program has provided information and/or educational services to 62 families during fiscal year 2005-2006. Family Support Services were delivered to 230 families during this same time period.

A paid consumer has been working for many years with the Family Support Program to help families understand the consumer perspective around mental illness. It is hoped that additional Peer Specialists will be able to be employed in this arena as there is a strong movement in Kalamazoo to eventually place Peer Specialists into all service areas within the system.

It is projected that the work plan goals, as documented in the original proposal work plan, will be followed as described, up to and including the second quarter, once the Coordinator has been selected for the position.

No additional growth or funding has occurred in this program as of the first quarter.

KCMHSAS has continued to fund the Family Support positions for many years and this will be included as an expense in each budget in the future with FPE integrated into these positions. It is projected that in the first two years of FPE, each partner PIHP county would develop and operate their own programming locally.

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
MENTAL HEALTH AND SUBSTANCE ABUSE ADMINISTRATION  
IMPROVING PRACTICES INFRASTRUCTURE DEVELOPMENT BLOCK GRANT  
FAMILY PSYCHOEDUCATION  
PROGRAM NARRATIVE  
QUARTERLY REPORT**

**1. Report Period: 10/01/06-12/31/06**

**PIHP: LifeWays**

**Program Title: Family Psychoeducation Training and Service Project**

**Executive Director: Nancy Miller**

**Address: 1200 North West Avenue, Jackson, MI 49202**

**Contact Person: Diane Cranston**

Phone: (517) 780-3368 Fax: (517) 789-1276

E-mail: diane.cranston@lifewaysmco.com

PCA#: 05B1CMHS-03 Contract #: 20061242 Federal ID: 38-2056235

**2. SYSTEMS TRANSFORMATION EFFORTS & IMPLEMENTATION ACTIVITIES OF THE IMPROVING PRACTICES LEADERSHIP TEAM (IPLT) DESCRIBE THE ACTIVITIES AND ACTIONS TAKEN BY THE IPLT TO IMPROVE THE OVERALL SYSTEM OF CARE:**

The IPLT continued to work together as a team by monitoring membership, reviewing bylaws and implementing new process for reviewing EBP's within the LifeWays network provider organization. Some members of the team continued to be absent which effects the overall functioning of the team.

The IPLT currently has three EBP's which they are working on developing, Implementing and/or monitoring which include the FPE, IDDT and Peer-Support Specialists. This quarter began with the IPLT using the stages of change worksheet to determine what needs to be done in order to implement a Peer-Support Specialists program within the LifeWays network provider organization.

The IPLT along with the Evidence-Based Practice Coordinator organized a systems wide two-day workshop with Drs. Minkoff and Cline. The two-day workshop pulled together key stakeholders in the community which helped open up discussions regarding Integrated Dual Diagnosis Treatment.

**3. SYSTEMS CHANGE PROCESS ACTIVITIES DURING THIS QUARTER AND THE IMPACT OF THIS EVIDENCE-BASED PRACTICE PROCESS ON CREATING SYSTEMS CHANGE:**

The focus, during this quarter, was to continue the monitoring of membership to ensure the IPLT is completely represented. During this quarter the IPLT continued to work through the stages of change worksheet which helped to develop implementation processes for the current EBP's. In addition the IPLT began to have discussions with key stakeholders in the community regarding the development, implementation and monitoring of an Integrated Dual Diagnosis Treatment program and how that would operate within the community at large.

**4. CONSENSUS BUILDING AND COLLABORATIVE SERVICE EFFORTS WITH OTHER SYSTEMS AND AGENCIES THAT HAVE TAKEN PLACE THIS QUARTER:**

Activities included the following

- FPE providers (Seque, Inc. and Recovery Technology) continue to market the FPE program throughout the community.
- FPE providers attended the Learning Collaborative.
- The EBP Coordinator and IPLT organized a two-day conference with Drs. Minkoff and Cline which brought together key stakeholders to help discuss the development and implementation of an Integrated Dual Diagnosis Treatment program within the community.

**5. PROGRESS TOWARD ACHIEVING EACH OF THE FAMILY PSYCHOEDUCATION PROJECT OUTCOMES PLANNED FOR THIS QUARTER:**

Phase I (Consensus Building: Awareness): **All activities have been completed**

Phase I (Consensus Building: Education): **All activities were completed**

Phase I (Consensus Building: Structural & Clinical Improvements):

- FPE providers continue to attend quarterly FPE Learning Collaborative to help develop new skills for providing these services.
- Area clinical staff were trained by Drs. Minkoff and Cline regarding Integrated Dual Diagnosis Treatment

Phase I: (Consensus Building: Adaptation & Evaluation): Due to FPE providers struggling to implement the model, evaluation will not occur until we have data to measure. However, the FPE staff is trained in the necessary forms needed for the evaluation process.

Phase II: (Enacting – Awareness): **All activities were completed**

Phase II: Enacting – Structural & Clinical Improvement:

- Two-day workshop with Drs. Minkoff and Cline provided clinical guidance to local providers on the development and implementation on Integrated Dual Diagnosis Treatment.
- FPE staff continue to receive clinical support through Learning Collaborative, FPE coaching staff and statewide trainings (scheduled in January, 2007)

**6. BRIEFLY DESCRIBE THE PIHP ACTION RELATED TO DATA COLLECTION, FIDELITY, AND PROCESS MONITORING ACTIVITIES TO ACCOMPLISH THE PROJECT GOAL:**

We have integrated codes and service description array into our authorization system. We will be integrating QI monitoring and activities into the IPLT Committee to include FPE fidelity.

**7. DESCRIBE THE TARGET POPULATION/PROGRAM SERVED DURING THIS QUARTER. INCLUDE THE NUMBER OF UNDUPLICATED INDIVIDUALS THIS QUARTER AND THE CUMULATIVE NUMBER OF UNDUPLICATED INDIVIDUALS DURING THIS FISCAL YEAR.**

Program is targeted at treating individuals with schizophrenia and their family members.

**UNDUPLICATED NUMBER OF INDIVIDUALS SERVED THIS QTR: 10**  
**CUMULATIVE # OF UNDUPLICATED INDIVIDUALS SERVED DURING THE FISCAL YEAR: 10**

**8. WHAT ADMINISTRATIVE BARRIERS FROM THE STATE HAVE EMERGED AS ISSUES DURING THE LAST QUARTER? WHAT EFFORTS HAVE BEEN MADE TO OVERCOME THESE BARRIERS? WHAT WOULD BE HELPFUL AT THIS POINT FROM THE STATE TO ADDRESS THOSE BARRIERS? WHAT ELSE WOULD BE HELPFUL FOR THE STATE TO PROVIDE OR DO TO FACILITATE YOUR PROGRESS?**

The barriers are getting people to join due to the videotaping requirement. Persons who are schizophrenic, especially those with paranoid schizophrenia do not want to be videotaped and decline participation based on this. The 2 Day training was not as beneficial as could have been due to too much time spent on discussing the schizophrenia diagnosis and not enough time was spent on how to run the groups.

**9. WHAT INTERNAL ADMINISTRATIVE OR CLINICAL BARRIERS HAVE YOU ENCOUNTERED IN THE LAST QUARTER, AND WHAT EFFORTS HAVE YOU MADE TO OVERCOME THEM? WHAT TECHNICAL ASSISTANCE HAVE YOU RECEIVED IN THE PAST QUARTER? ARE THERE AREAS WHERE YOU FEEL THAT YOU COULD USE SPECIFIC TECHNICAL ASSISTANCE AND/OR TRAINING IN THE FUTURE?**

The internal barriers have been the resignation of LifeWays' Evidenced Based Practice Coordinator in November and the reassignment of these duties to the new Clinical Director at LifeWays. LifeWays will begin searching for a contractual assistant to replace the EBP Coordinator. LifeWays will also take the following actions to address implementation barriers:

- The Clinical Director will continue to monitor the progress of the FPE providers to ensure the program is being implemented.
- The Clinical Director will develop a referral process for the FPE program to help recruit newly diagnosed consumers/families.
- The Clinical Director will meet with Community Connections staff to educate them the FPE program and referral process
- The FPE providers will continue to be involved in the listserv, learning collaborative and statewide training in January 2007.

**10. DESCRIBE STAFF TRAINING OBTAINED DURING THE QUARTER. EXPLAIN HOW THE TRAINING WAS UTILIZED FOR PROGRAM DEVELOPMENT AND IMPROVING SERVICES. IDENTIFY THE UNDUPLICATED NUMBER OF STAFF TRAINED AND EACH OF THEIR ROLES IN THE FPE PROJECT?**

LifeWays' Service Providers attended the 2 Day FPE Training sponsored at the State Level.

**UNDUPLICATED NUMBER OF STAFF TRAINED: 7**

**ROLES OF TRAINED STAFF IN THE FPE PROJECT:** 3 Masters Level Clinicians and 4 Bachelor's Level Clinicians. Amongst these 7 individuals are 2 Project Administrators and 5 co-facilitators.

**11. DESCRIBE THE PIHP FINANCIAL AND IN-KIND SUPPORT UTILIZED TO SUPPORT THIS PROJECT AND STATUS OF SUSTAINABILITY PLANNING. IS THE PROJECT HAVING PROBLEMS WITH IMPLEMENTATION/CONTINUATION WITH ALL THE ALLOCATED RESOURCES? SHOULD AN AMMENDMENT BE INITIATED?**

Grant funding has been utilized to provide training for the Providers. Also, the PIHP "hosts" and facilitates the IPLT, which includes review and discussion of the FPE progress. PIHP will also "host" the FPE subcommittee within the IPLT structure. The long term sustainability plan includes the embedding of FPE service delivery model into the current LifeWays Provider Network structure. LifeWays is doing an amendment to train additional staff and to hire a part time Evidence Based Practice Assistant.

**12. DESCRIBE THE ACTIVITIES PLANNED TO ADDRESS THE PROJECT'S GOALS AND OBJECTIVES FOR THE NEXT QUARTER**

Phase I (Consensus Building: Structural & Clinical Improvements):

- Continue the development of skills to help implement the FPE program. FPE provides will communicate challenges via listserv, learning collaborative, and statewide FPE training.
- IPLT will discuss clinical needs which may help improve the skills of providers and help implement program (i.e. motivational interviewing training).

Phase I: (Consensus Building: Adaptation & Evaluation):

- IPLT Coordinator will continue to collect data as it is developed from the FPE providers

Phase II: Enacting – Continual Improvement & Support:

- Use performance data to inform all decision-making.
- Enhancements in training needs defined and developed.
- Continued local implementation of additional EBP's such as IDDT and Michigan Medication Algorithm.

**Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Family Psychoeducation  
Program Narrative  
Quarterly Report**

JAN 31 2007

Report Period: 10-01-06 to 12-30-06  
PIHP: Lakeshore Behavioral Health Affiliation  
Program Title: Family Psychoeducation  
Executive Director: James Elwell  
Address: 376 E. Apple Avenue, Muskegon, MI 49442  
Contact Person: Cynthia Hakes, MSW  
Phone: (231) 724-3300 FAX: (231) 724-3348  
E-mail: hakes@cmhs.co.muskegon.mi.us  
**PCA# 20709 Federal ID: 38-6006063 Contract # 20071297**  
**MCDH Specialist: Judy Webb**

**2. Summarize the Systems Transformation efforts and implementation activities of the Improving Practices leadership Team (IPLT). Describe the activities and actions taken by the IPLT to improve the overall system of care.**

- During the first quarter of FY06/07, the Affiliation Improving Practices Leadership Team (IPLT) continued to meet on a monthly basis. The team concentrated much of its efforts on identifying concrete steps needed to transform our CMH's into Recovery-based organizations. Much constructive input and direction was given to the Affiliation Recovery Task Force.
- IPLT members reviewed and discussed recovery articles that focused on the interrelationship of Recovery principles and organizational structure and the strong positive relationship between Person-Centered Planning and the delivery of Recovery-oriented services. The IPLT has recommended and supported the drafting of a detailed description of specific concrete recovery actions, behaviors, and language to guide CMH staff in their day-to-day interactions with consumers and their family members. It has facilitated the offering of Wellness Recovery Action Planning (WRAP) groups to CMH staff and will explore the usefulness of the ROSI in assessing our recovery efforts.
- In addition to its involvement with the Affiliation Recovery efforts, the IPLT has been assisting Evidence-Based Practice Implementation teams in developing realistic plans for sustaining and expanding Parent Management Training Oregon Model (PMT), Family Psychoeducation (FPE), Integrated Dual Disorders Treatment (IDDT), and Recovery/WRAP after the mental health block grants run out. It is



aggressively supporting the training of staff and consumers who are certified in FPE, PMTO, and WRAP to become trainers in their respective Evidence-Based Practice.

- IPLT members have reviewed and discussed the growing crisis of premature death among persons with serious mental illness due to chronic health problems and have educated Affiliation senior leadership regarding it. Muskegon CMH, as a result, has made consumer wellness a clinical priority for FY06/07, and is in the process of educating line staff regarding the metabolic syndrome and achieving a healthy lifestyle.

**3. Describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.**

- Case Managers' case loads have been adjusted to accommodate the new time demands of Family Psychoeducation responsibilities.
- A Clinical Services Supervisor from Muskegon County continues to serve as Coordinator for Family Psychoeducation for the Affiliation.
- Additional FPE staff members have been identified and FPE staff have been selected to attend the next FPE training conference in January 2007.
- Six multifamily groups continue to meet on a bi-weekly basis (three for Muskegon County and three for Ottawa County.)

**4. Summarize consensus building and collaborative services efforts with other systems and agencies that have taken place during this quarter.**

- Clinical Supervisor/Coordinator has continued to attend Learning Collaboratives and Sub-Committee meetings in Lansing, as well as networking with personnel from other agencies implementing FPE. We have on-going monthly contacts with our consultants from the Maine Medical Center to ensure fidelity to the Family Psychoeducation model, as well as to offer feedback and suggestions for continual improvement.

**5. Describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.**

- Four FPE staff from Muskegon County CMH, who were trained in June, and three staff from Ottawa County CMH have successfully implemented four new FPE multifamily groups. *Six multifamily groups*

*continue to meet bi-weekly using the Family Psychoeducation problem-solving process.*

- *Implementation teams receive ongoing consultation, supervision and coaching. Cynthia Hakes and Rick Hunter, along with designated staff, continue to attend Learning Collaborative Meetings in Lansing; Both Muskegon and Ottawa CMH's maintain ongoing contact with FPE consultants at the Maine Medical Center, as well as with each other.*
- *Educate and train Agency staff. Case managers have offered information about the Family Psychoeducation practice to co-workers and will continue to promote Family Psychoeducation to staff who may be interested in attending future training conferences.*

**6. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.**

- *Implementation teams receive ongoing consultation, supervision and coaching. Cynthia Hakes and Rick Hunter, along with designated staff, continue to attend Learning Collaborative Meetings in Lansing; Both Muskegon and Ottawa CMH's maintain ongoing contact with FPE consultant at the Maine Medical Center, as well as with each other.*
- *Develop and implement data collection, integration into local QI process and knowledge information system and analysis. Cynthia Hakes and Rick Hunter maintain on-going communication with Mary Ruffalo from the University of Michigan, and continue to submit appropriate paperwork for analysis and data collection for the FPE program.*
- *Lakeshore Behavioral Health services will report progress on a quarterly basis. FPE Subcommittee will address initial and on-going fidelity and outcome measures. FPE Subcommittee, Learning Collaborative and IPLT offer opportunities for on-going reporting to ensure consistent implementation and fidelity to the model.*

**7. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)**

- *This project focuses on persons with a diagnosis of Schizophrenia, and their family members and significant others. Muskegon CMH has a total of 21 consumers and approximately 30 family members involved in the current Multifamily Groups. Ottawa CMH has 13 consumers and approximately 22 family members involved in*

current Multifamily Groups. The total for the Affiliation MFGs is 34 consumers and 52 family members.

**8. What administrative barriers from the State have emerged during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the State, to address those barriers? What else would be helpful for the State to provide or do to facilitate your progress?**

- No actual barriers noted. We will need additional funding to meet future training costs.

**9. What internal administrative or clinical barriers have you encountered in the last quarter and what efforts have you made to overcome them? What technical assistance have you received in the past quarter? Are there areas where you feel that you could use specific technical assistance and/or training in the future?**

- No barriers noted. Ottawa County began using secured software installed on the county server to allow for video recordings/DVDs to be encrypted and uploaded, which allowed the consultants in Maine to download and review recordings for critiques and consultation. (WinSCP). Muskegon County would like to also make use of the WinSCP software to allow the same viewing capabilities as Ottawa County. Muskegon County would request some kind of technical assistance and training with this software. Using this software would eliminate additional costs of duplicating DVDs and postage, as well as saving time.

**10. Describe staff training obtained during this quarter. Explain how the training was utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.**

- No additional staff were trained during this quarter. We anticipate having two additional supports coordinators from Muskegon County CMH and one additional person from Ottawa County CMH trained at the next FPE training conference in January. Assistance from conference trainers, as well as from consultants, have continued to be utilized for facilitators in the FPE program. FPE facilitation staff for Muskegon County are as follows: Deborah Smith, Valerie Vines, Nick Grinwis, Suzan Zuidema, Cindy Chattulani, Dave Gawron, and Cynthia Hakes, Coordinator. Ottawa County facilitators are Bruce Jones, David Maranka, Cheryl Schut, Nichole Brunn, David Neal and Pam VanNoord.

**11. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/ continuation with all the allocated resources? Should an amendment be initiated?**

- A block grant was received for the second year of this project. A budget amendment will be submitted in January, enabling us to carry forward a small sum of money left over from the first year of the grant. There have not been any identified problems with implementation relative to allocated resources; no amendment is necessary at this time. It is anticipated that this project will be self-sustaining at the end of 2 years.

**12. Describe the activities planned to address the project's goals and objectives for the next quarter.**

- Ottawa County plans to hold its 3rd Educational Workshop in March 2007.
- Muskegon County plans to hold its 3rd Educational Workshop in March 2007.
- Both Muskegon CMH and Ottawa CMH will plan to begin 1 new Multifamily Group each, in March 2007, following the FPE training conference in January 2007.
- FPE staff meetings will continue on a regular basis for both counties.
- Consultation will occur at least once per month for Muskegon and Ottawa County CMH's.
- Cynthia Hakes will be trained as a FPE trainer at the January training conference, and will work with an assigned MFG to complete Certification as a FPE Trainer.
- Three new people (Muskegon CMH 2 and Ottawa CMH 1) will be trained as group facilitators in January at the FPE Training Conference.

This report was prepared by Cynthia Hakes, Muskegon CMH and Rick Hunter, Ottawa CMH.

**Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Family Psychoeducatoin  
Program Narrative  
Quarterly Report**

JAN 30 2007

Report Period: October 1, 2006 – December 31, 2006  
PIHP: North County Community Mental Health  
Program Title: Block Grants for Community Mental Health Services  
Executive Director: Alexis Kaczynski  
Address: One MacDonald Drive, Suite A, Petoskey, Michigan 49770  
Contact Person: Dave Schneider  
Phone: (231) 439-1234 Fax: (231) 347-1241 E-Mail: [daveschneider@norcocmh.org](mailto:daveschneider@norcocmh.org)  
PCA#: 20711 Contract #: 20061246 Federal ID Number: 37-1458744

**A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.**

During the first quarter, each of the three Boards completed the COMPASS as a means of assessing readiness for providing services to those with co-occurring mental illness and substance abuse disorders. The information gathered from this process will be used in developing the work plan for each Board. These plans, and the implementation process, will be monitored by the IPLT.

Also, during the first quarter, the IPLT examined data regarding Assertive Community Treatment service utilization. This data will be refined to allow at least an initial review of fidelity.

**B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.**

System change activities during the first quarter were significant. The Adult Family Program (FPE) is now active in five locations. This expansion of service, along with the increasingly visible results, has caused great interest in the program. This is true of consumers, stakeholders and staff. This resulted in additional staff receiving training in January.

More significant to the system change process, Dr. Ken Minkoff provided training to a large number of staff in December. This training was designed to address psychiatrists, staff working with persons with a mental illness, and supervisors. The result has been an increased understanding of what is necessary to be a co-occurring capable organization. As noted above, each Board is currently developing plans to become co-occurring capable.

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

During the first quarter, arrangements were made to have the local SA coordinating agency attend the regular meeting of MI Program Directors. This meeting occurred in January. Plans are now in place to have a meeting of Detox Program Directors with the MI Program Directors. This is an important step in developing better collaboration of services.

D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

Consensus Building: Evaluate and Revise Workflow – each CMHSP has responded to “workflow” issues for the multi-family groups. Examples include the addition of clerical support and changes in schedules. Staff facilitating the groups report that these changes have been beneficial.

Consensus Building: Refine Data Collection – a process for collecting, aggregating and reporting outcome data is in place. Currently, additional attention is needed regarding the timely submission of this information from the program staff to the PIHP. This will be addressed at the next FPE Subgroup meeting.

Enacting: Second Site – two of the three CMHSP have now implemented a second group. The third CMHSP has been delayed by staff turnover. When additional staff are trained (January) a second group will be added. This is consistent with the revised plan submitted for year two.

Enacting: Improve IPLT – the IPLT has shifted its focus from implementation of the multi-family groups to analysis of existing service utilization, other evidence based practices, and model fidelity. A work plan is being developed by each Board to become co-occurring capable. This is the first phase in preparing to implement the IDDT-COD evidence based practice.

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

Supervision with William Elgee, as well as attendance at the Learning Collaborative, have continued during the first quarter and will be ongoing.

As noted above, Dr. Ken Minkoff provided training to more than 60 staff, physicians and supervisors. This training was the first step in preparing for IDDT-COD.

F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

Staff turnover and/or movement continues to present challenges to the implementation of the multi-family groups. This will be less challenging as greater numbers of staff are trained.

Additionally, travel and gas expense became problems for a number of consumers in the recently implemented groups. This has been addressed by the provision of "gas cards" as needed. Also, the first groups implemented have begun to experience some difficulty in generating "problem lists" during their meetings. This has been discussed in supervision with Mr. Elgee and staff are learning methods of overcoming the problem.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

Data collection has included service data and outcomes data. The PIHP is participating in the statewide outcome study and data is being collected consistent with the instructions of Dr. Ruffolo. Data collection errors have been corrected, however, timeliness continues to be an issue for one Board. To date, only one report has been received from Dr. Ruffolo, with the next report expected in January.

The Stakeholder Group has reviewed initial data collected regarding satisfaction and outcomes. While only limited at this time, the data suggest that the program is achieving intended outcomes and satisfaction is high.

H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during the fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goal.)

During the first quarter, a total of 27 individual consumers and their families have been served through this program, including nine at NCCMH, seventeen at NEMCMH and six at AVCMH. Recipients range in age from 21 to 68 years old, with a fairly consistent spread between those ages. Diagnostically, 17 have a primary diagnosis of 295.xx. and 12 have a primary diagnosis of 296.xx.

I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

No problems are anticipated in the continuation of the service.

J. Describe the activities planned to address the project's goals and objective for the next quarter.

The next quarter will see the following activities:

- Continued meetings of the Stakeholder Group
- Continued meetings of the IPLT with a more well defined charge.
- Continued meetings of the FPE Subgroup to address specific implementation issues and report to the IPLT.
- Additional staff receiving training to conduct the FPE groups.
- Previously trained staff receiving the advanced training.
- Initiation of a second program site at the third Board.
- Recruit and hire individuals for new position responsible for assisting in training and transition to evidence based practices. (This position is still vacant.)

**1. Project Title:** Family Psychoeducation  
Contract Number: 20071294  
Project Number: 20616  
MDCH Specialist:  
Time Period: October-December 2006  
Person completing report: David Byington MSW

**2. Summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team (IPLT). Describe the activities and actions taken by the IPLT to improve the overall system of care.**

The IPLT has assigned coordinators to guide the implementation of the FPE practice. The coordinators carry out the work of, and report to, the IPLT. Systems transformation can be summarized by the fact that we have four Multi-Family Groups running at three sites, with plans for three more at two additional sites to be up and running by early spring. We have also sent staff to be trained as trainers and supervisors so the practice can be sustained beyond the grant period.

In process is the development of entry and demand criteria and educational and marketing materials to be available to consumers, staff, families, and the community.

**3. Describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.**

The IPLT has coordinated presentations and updates of the FPE evidenced based practice to the CMH Board, the local NAMI, and the various service teams. Staff have been trained to work as facilitators and trainers of the practice. Budgets have been developed to support the groups. The groups have continued to run through this quarter with additional consumers being provided this service.

**4. Summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.**

Most of the work has been done in-house. We have presented the FPE model to the local NAMI and Consumer Advisory Counsel. There are plans to present more information to the community during the next quarter.

**5. Describe the process toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.**

We have, and will continue to, present information to educate various groups about the practice, availability of the service, and the results that we have had so far.

We are anticipating initial evaluative data to be coming from the University of Michigan sometime within the next few weeks.

We are working on standard educational materials for the Education Day. We hope to have this prepared by March.

We have developed a training plan for staff and are working on one for consumers and stakeholders. A schedule of trainings is in development.

Staff has attended MACMHB trainings as scheduled.



As noted above, there are four groups up and running. Fidelity is measured through monthly supervision that includes a review of the video of the groups, and through the use of the fidelity scale used at each group session.

- 6. Briefly describe the PIHP action related to data collection, fidelity, and process monitoring activities to accomplish the project goal.**

Data is collected and sent to the University of Michigan to be evaluated. The data includes fidelity measures. Each group is graded using the fidelity scale and the video of the groups are reviewed by expert supervisors who provide feedback to the staff doing the facilitation.

- 7. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.**

Nineteen individual consumers, plus their family and/or supports, have participated in the service during this quarter. Two groups serve persons with a diagnosis of schizophrenia or schizoaffective disorder, while one group serves persons with a bi-polar diagnosis. Twelve males and seven females receive the service. Most are under age 30.

- 8. What administrative barriers from the state have emerged as issues during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the state to address those barriers? What else would be helpful for the state to provide or do to facilitate your progress?**

We have found State efforts to be beneficial thus far.

- 9. What internal administrative or clinical barriers have you encountered in the last quarter, and what efforts have you made to overcome them? What technical assistance have you received in the past quarter? Are there areas where you feel that you could use specific technical assistance and/or training in the future?**

Case load size contributes to the difficulty of finding the time to provide the service that it takes to get groups started. We have done what we could to reduce new cases or coordinate coverage to allow staff the time to do the education day and joining activities. We continue to receive supervision from the McFarland group out of Maine and just sent more staff to the training. We would benefit from having a more technologically advanced way of sharing videos across the State and with the folks in Maine. Currently we are copying the video disks and mailing them to the places where they are to be reviewed.

- 10. Describe staff training obtained during this quarter. Explain how the training was utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.**

Four staff attended training during this quarter. Three were trained in track III as trainers and supervisors. One new staff attended track I and will be facilitating a group to begin in March. Three new groups are to begin by March. Staff who attended track III will be assisting with supervision and training across the State and will be available to sustain training locally.

- 11. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?**

There is no need for an amendment at this time. There are no problems noted. In-kind support has included funding for each group meeting. There are no questions of sustainability at this time.

- 12. Describe the activities planned to address the project's goals and objectives for the next quarter.**

We are planning the implementation of three additional groups within the next four months. We also plan to complete some standardize training/educational materials and to market the service to consumers, staff, families and the community. The first evaluative data will be presented to the IPLT. Focus groups and measuring fidelity are projects to be coordinated during the next quarter. Staff trained as trainers will be assuming the role of supervisors for other PIHPs and will be available to provide training as needed.

Completed by: David Byington MSW  
Northern Lakes Community Mental Health  
Phone: 231-922-4850

**Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Family Psychoeducation  
Program Narrative  
Quarterly Report**

Report Period 10/1/06-12/31/06  
PIHP Oakland County Community Mental Health Authority  
Program Title Family Psychoeducation Block Grant  
Executive Director William J. Allen  
Address 2011 Executive Hills Blvd., Auburn Hills, MI, 48326  
Contact Person Erin McRobert  
Phone: 248-858-2198 Fax 248-975-9543 E-mail mroberte@occmha.org  
PCA # \_\_\_\_\_ Contract # \_\_\_\_\_ Federal ID 38-34375

**A.** The Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team have included:

- Regularly scheduled meetings to report on activities of Best Practices Work Groups according to work plans
- Issues addressed included information re: Peer Choices, ACT fidelity, update on new OCCMHA Utilization Management and Best Practices Team, update on Central Access System.

**B.** The Systems Change process activities occurring this quarter include ongoing work on centralized access system, utilization management activities, peer support recognition activities

**C.** Consensus building and collaborative service efforts continue to occur throughout the Authority and provider network. Providers of persons with Mental Illness have been working with the Authority on developing a standardized assessment form. Best Practices work groups are meeting regularly.

**D.** Outcome Progress according to First Quarter Work Plan:

- Efforts have been on increasing sustainability of current groups. Efforts used include the ongoing FPE work group meeting which reports to Adult Best Practices. This quarter there has been no new group development.
- Since several new groups formed at the end of FY 2006, evaluation data has and is being collected for U of M.
- 27 people are registered to attend FPE Training in Romulus, MI in January 2007. This includes one person who meets criteria to become a trainer and supervisor in the state.
- Each provider agency continues to have monthly supervision with Donna Downing the supervisor from Maine.

- 7 people have participated in the first Learning Collaborative of the year.

**E.** Staff Training and technical assistance included 7 people participating in the Learning Collaborative October 2006.

**F.** Challenges encountered during the quarter regarding implementation include:

CNS reported difficulty keeping Young Adult Group running. Members have quit for reasons still being explored. Efforts this quarter have been to join and a workshop is planned to occur in March.

**G.** PIHP action taken related to data collection, fidelity and process monitoring activities to accomplish the goal include,

- All agencies have turned in data for review by Mary Ruffalo @ U of M
- Information was gathered from each of the agencies re: adaptations to the model
- A phone contact with Mary Ruffalo regarding data issues occurred in December. A meeting is scheduled for January 2007 to discuss further evaluation and reporting needs and issues.

**H.** The target populations/programs served during this quarter include;

Young Adults 18-25 year olds and their families, Casemanagement consumers and their families, and ACT consumers and their families, Persons living in residential homes.

Persons participating are receiving services at Easter Seals (ES), Training Treatment and Innovations (TTI), and Community Network Services (CNS).

<b>Consumers Served:Community Network Services:</b>	<b>13 Consumers</b>
<b>Easter Seals:</b>	<b>22 Consumers</b>
<b>Training and Treatment</b>	<b>14 Consumers</b>

**Total Consumers Served this quarter: 48**

<b>Families Served: Community Network Services:</b>	<b>17 Family members/ supports</b>
<b>Easter Seals:</b>	<b>19 Family members/supports</b>
<b>Training and Treatment</b>	<b>15 Family members/supports</b>

**Total Families Served this quarter: 51**

**I.** the Authority has contributed financial and in-kind support for consultant to assist in FPE implementation, being involved in the hiring and working with the part time FPE coordinator / support person, and participating in the Learning Collaborative as well as the DCH FPE Sub-Committee.

**J.** Activities planned to address the project's goals and objectives for the next quarter include:

Continue to develop and implement 2 more FPE groups by 9/30/07 at all 3 agencies.  
Increase stakeholder awareness (Continue)

- Make available link on Authority website that holds information re: Evidenced Based Practices, Minutes from meetings, etc;
- Complete network wide brochure regarding Family Psychoeducation

#### Educate stakeholders (Continue)

- Engage family members in Best Practice Work Groups
- Continue participation in DCH FPE sub-committee meetings and the Learning Collaborative.

#### Evaluation and CQI Activities

- Collect evaluation information per U of M Evaluation plan.
- FPE providers continue to utilize regularly scheduled supervision.
- OCCMHA coordinates and sends data to U of M.
- Data will get presented to Best Practice Work Group and shared with Improving Practices Leadership Team as information becomes available.

## ATTACHMENT C – FAMILY PSYCHOEDUCATION NARRATIVE REPORTING REQUIREMENTS

A program narrative report must be submitted quarterly. Reports are due 30 days following the end of each quarter. (For the first three quarters, reports are due January 31, April 30, and July 31, 2006. The **final report**\* must address the entire fiscal year and is due October 31, 2006). The format shown below should be used for all narrative reports.

**\* FINAL REPORT:** Include a clear description of the actual project outcomes, the specific changes that occurred, and the impact that the project has had on the intended recipients as a result of the intervention. Did the project accomplish the intended goal? Briefly describe the results.

**Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Family PsychoEducation  
Program Narrative  
Quarterly Report**

JAN 30 2007

<b>Report Period</b>	<b>10-01-06 to 12-31-06</b>	
PIHP	NorthCare Network	
Program Title	Family Psycho education Grant Second Year FY07	
Executive Director	Douglas Morton	
Address	200 West Spring St, Marquette MI 49855	
Contact Person	Lucy Olson, MS, MFT, LLP	
Phone: 906 -225-7235	Fax -906-225-5149	E-mail—lolson@up-pathways.org
PCA # 06-20714	Contract # 20061249	Federal ID #38-3378350

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The PILT met once during the quarter on December 14, 2006. The team was updated about the various practices around the region. Site reviews of 5 ACT teams occurred during November and December and 3 of the consumer members of the PILT worked on the ACT review teams. They conducted the consumer interviews and also did a few chart reviews. The reports have been sent in draft to the 5 ACT teams and we are awaiting comment before submitting a regional response to the CEOs of the region with our recommendations. The consumer members contributed significantly to the review process and our next goal is to work on evaluating Peer Directed services in the region.

B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

The FPE regional project team met and reviewed the budget from the first year of the grant and made recommendations for budget items for the carry over of approximately \$27,000 from the first year of the FPE grant. The two areas essential for the success of systems change is to generalize our EBP practices by having clinicians trained in Motivational Interviewing and FPE and to train local clinicians to

become trainers in both practices. It was agreed to target significant dollars toward a "Train the Trainers" approach in the region.

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

A fine example of collaboration is the willingness of a resident psychiatrist who works on the one psychiatric unit in our region to provide the medical education at the FPE workshop here in Marquette in February. Overall however, this is probably the weakest area in our efforts. It has been a longer process to develop internally and external efforts have been addressed minimally. The regional team will be studying the need for a "prescription form" for a referral to FPE and the need to train the Medical Directors and our local psychiatrists on this practice.

D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

The work plan was reviewed before submitting the amendment to carry forward dollars to the second year of the grant. Progress has been made primarily in the area of adding groups at several of the CMHSPs and planning to send several staff to participate in the "Train the Trainers" session in January.

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

No new staff were trained during this period nor were any new groups begun. There are trainings and groups starting in the second quarter. We have continued to support the local groups with funding for the individual groups for food and other needs. Also, technological assistance continues to be provided for the two monthly supervision groups and for the copying of tapes to be reviewed.

F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

The main challenges continue to be a good local referral process. The group leaders are becoming better at submitting the documentation for the outcomes measurement study with U of M. NorthCare did submit versions of the material to each site that has their specific code on each page of each document so bookkeeping should be easier. We hope to participate in the statewide fidelity studies and benefit from that analysis.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

NorthCare uses our regional data warehouse to monitor implementation and consumer participation. We also intend to use the observations from the ACT fidelity studies to prompt the CMHSPs to be more consistent in interviewing ACT consumers for joining in the treatment.

H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

See the attached reports C.1 and C.2. The cumulative number of unduplicated individuals is 68 consumers (C.1). The second report indicates the specific sites where the groups are running as well as indicates the diagnosis of the group members. Two sites are applying the FPE model to youth and it will be interesting to follow the progression of these 2 groups.

- I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

The amendment to carry over funds from FY06 was submitted to MDCH in January 2007 and we believe it will be sufficient to continue implementation. We are concerned that we do not have funds for doing regional trainings in FY 08. We believe here in the Upper Peninsula our realities for a two day long training are significantly different from most of the PIHPs. Training expenses are very high as rarely can people travel back and forth on a single day for a day training or two day training.

- J. Describe the activities planned to address the project's goals and objectives for the next quarter.

In the second quarter, up to 20 staff will be trained at the statewide training. We will not be able to videoconference with the Learning Collaborative in March as the date was moved to a Tuesday when our video is already scheduled for other meetings. We may decide to have 2 or 3 staff travel down to the meeting as we do want to participate in the conversations about the statewide fidelity studies. The regional project team will meet and go over the documentation that will be required to submit to the PILT team by August for sustainability of FPE at their agencies and the specific Board's intentions as how to proceed in layering the EBP practices and including them in the clinical documentation.





JAN 31 2007

***Block Grant Between  
Saginaw County Community Mental Health Authority  
And  
Michigan Department of Community Health***

***Narrative Program Report***

Project Title: <b><i>Family Psycho-Education</i></b>	Project Number: <b><i>20617</i></b>	Contract Number: <b><i>20071291</i></b>
<b><i>October 1, 2006 to December 31, 2006</i></b>	MDCH Specialist: <b><i>John Jokisch</i></b>	

**1. Summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team (IPLT). Describe the activities and actions taken by the IPLT to improve the overall system of care.**

*The CEO of SCCMHA appointed the chairperson of the Improving Practices Team as well as team members during the summer of 2005. The 20 member Improving Practices Team met 6 times during FY 2006, in October, November, January, March, May and September. The IPLT now meets on a quarterly basis; the team met in October 2006 and was scheduled to meet in December but that meeting was cancelled due to both illness and weather. Communications from SCCMHA to the team also occur via e-mail throughout the year. At SCCMHA, the Improving Practices Leadership Team was developed with the role of oversight for all evidence-based practices and related improvements, including promotion of a recovery philosophy throughout the SCCMHA system. The SCCMHA Improving Practices Team has been conducting reviews of current service practice areas, including Assertive Community Treatment, Supported Employment, and Dialectical Behavior Therapy against fidelity requirements for those specific evidence-based practice areas. This team also has the responsibility to provide guidance to the network and SCCMHA management and administration in the implementation of new evidence-based practices, including the focus of the COD/IDDT model initiated in FY 2006 as well as FY 2007 Family Psychoeducation (FPE) and two EBP related training grants – COD/IDDT enhancement and Recovery. A member of the Improving Practices Team serves on the state Recovery Council. We also have had excellent substance abuse provider representation in our process, including from the local Substance Abuse Coordinating Agency. The IPLT oversees all COD/IDDT implementation efforts; COD/IDDT practice began in the SCCMHA adult*

*case management programs October 1, 2006. Evidence-based practice incorporation into the SCCMHA Continuing Education Program also began with FY 2007.*

*COD/integrated services as well as all EBP efforts have been included in the SCCMHA strategic plan development. In addition to direct consumer participation in both the Improving Practices Leadership Team and the COD/IDDT workgroup, the two consumer leadership teams of SCCMHA received reports on the progress SCCMHA is making towards implementation of integrated service delivery, and were involved in the decision-making for all improving practices goals for FY 2007.*

*The activities of the COD work group and the Improving Practices Leadership Team are routinely reported to the SCCMHA Quality Team. SCCMHA incorporated EBP and COD/IDDT policies into the provider network policy manual during FY 06 as well.*

*The COD/IDDT workgroup met monthly in FY 2006, and is moving to bi-monthly meetings in FY 2007. The FPE group began meeting in October and is meeting monthly during FY 2007 to begin implementation.*

**2. Describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.**

*The request for this block grant was coupled with a request for a case management block grant. The reason for this request was that it had become apparent that SCCMHA could not move forward with Recovery, FPE or even good person centered planning unless we addressed the high case loads of staff serving persons with mental illness. During this quarter, we added two additional case management providers to our network. One was brand new and the other had served only a small number of consumers that had stepped down from ACT. With this change, we have begun lowering case loads with a goal for case loads to be no higher than 35 and even lower for clinicians attempting to implement and evidenced based practice such as FPE. This system change will significantly impact our ability to move forward with evidenced based practices.*

**3. Summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.**

*This block grant was not written just for SCCMHA direct run programs. It was the expectation that the two new case management providers participate as well. We have all worked together through the Family Psychoeducation Group to accomplish this goal. In addition, at the first meeting of the Family Psychoeducation Group, it was decided that the Assertive Community Treatment Team should participate as well even though that had not been written into the group.*

**4. Describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter:**

*The Family Psychoeducation Workgroup held its first meeting on October 30, 2006. At the first meeting we had two consumers and one family member participate as well as the members already identified in our work plan. It was noted that we needed to recruit more consumers for the group. At this meeting it was decided that we should include the Assertive Community Treatment Team in this initiative even though they had not been included in the block grant funding request. It was decided that the group would meet on a monthly basis.*

*The group met again on November 27, 2007. A secondary consumer had been invited to join the group but has not yet responded to messages. Copies of the SAMHSA FPE toolkits were distributed. The first section of the SAMHSA DVD was viewed by all. SCCMHA staff attended the State Work Group meeting and reported back to the group. The group was advised to save the dates of January 17<sup>th</sup> through 19<sup>th</sup> for staff training with Dr. McFarlane.*

*A draft Family Psychoeducation policy was written during this quarter and sent out for review.*

**5. Briefly describe the PIHP action related to data collection, fidelity, and process monitoring activities to accomplish the project goal:**

*When the group met on November 27, 2007, copies of the SAMHSA FPE toolkits were distributed. This included the fidelity scale. A draft Family Psychoeducation policy was written during this quarter and sent out for review. This also included the fidelity scale.*

*Heidi Wale participates on the workgroup and she will be responsible for providing direction regarding data collection. Once, groups are up and running, it is our intent to complete quarterly fidelity reviews as we currently do for our other evidenced based practices (ACT and Supported Employment).*

*Finally, SCCMHA is currently in the process of making a decision regarding an adult outcome measurement tool. It will be difficult to move forward with implementation of evidenced based practices without an outcome tool. We are currently using the LOCUS and that does not meet our needs but we had held off our selection of a tool due to the fact that the State was going to require a specific tool. We feel strongly that the State should mandate a tool so that across the State we would all be using the same outcome tool to measure these practices but if a decision does not occur soon, we will need to choose a tool so that we can begin to measure our effectiveness.*

**6. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)**

*The target population will be adults with mental illness. We did not serve any specific consumers during this first quarter.*

- 7. What administrative barriers from the state have emerged as issues during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the state to address those barriers? What else would be helpful for the state to provide or do to facilitate progress?**

*The fact that the State did not move forward with identifying an adult outcome tool is a barrier to moving ahead with evidenced base practices. We need to have an outcome tool and do not want to spend money on a tool, train staff and then have the State mandate a different tool and start all over again. At this point, without direction from the State we will have to choose a tool and hope that when the State makes a decision, they choose the same tool. It would be helpful if the State would move ahead with the selection of an adult outcome tool as promised.*

*The timeliness of information on the January 17<sup>th</sup> to 19<sup>th</sup> training in Romulus could also have been a barrier. As a new grant recipient, we have struggled to get on distribution lists regarding these activities. In addition, the actual conference information did not come out until the end of December leaving very little time to coordinate the sending of 16 clinicians from five different teams.*

- 8. quarter, and what efforts have you made to overcome them? What technical assistance have you received in this quarter? Are there areas where you feel that you could use specific technical assistance and/or training in the future?**

*Actually, I am very pleased with the progress we have made to date. We could have encountered a large barrier as we were also implementing a new soft ware system at this time. Additionally, two of the providers that are participating were going through massive changes. One was expanding its case management team and the other became a brand new case management provider for us. Both of these changes became effective on October 1, 2007. So...the fact that we were able to meet our first quarter goals was amazing and is very promising for our ability to move forward in a timely manner.*

- 9. Describe staff training obtained during this quarter. Explain how the training was utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.**

*No official staff training happened during this quarter. Staff began to become familiar with the model through our monthly meetings in October and November and through discussion at their staff meetings. Clinicians that will be responsible for running FPE groups, and their supervisors, attended training January 17<sup>th</sup> through 19<sup>th</sup> in Romulus.*

**10. Describe the PIHP financial and in-kind support utilized to support this project and the status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?**

*All allocated resources will be needed. In fact, we sent more staff to training than had initially been intended. At the first meeting of the Family Psychoeducation group, it was determined that ACT should also participate in this project. Therefore, we sent two of their clinicians and their supervisor to the three day training. That was not included in the original plan. An amendment may be needed at a later date to change line items around.*

**11. Describe the activities planned to address the project's goals and objectives for the next quarter.**

*Two clinicians and one supervisor from all four case management teams as well as the ACT team will attend training with Dr. McFarlane.*

*The draft policy will be finalized.*

*We will finalize the selection of an adult outcome tool during this quarter.*

*Clinicians will begin to identify consumers and family members to participate in groups.*

Completed by: **Linda Schneider, Director of Clinical Services, (989) 797-3528**

**Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Family Psychoeducation  
Program Narrative  
Quarterly Report**

Report Period: October 1, 2006 through December 31, 2006

PIHP: Venture Behavioral Health

Program Title: Family Psychoeducation

Chief Operating Officer: Brad Casemore

Address: 100 Country Pines Lane, Battle Creek, MI 49015

Contact Person: Lori Diaz, Ph.D., LP

Phone: 269-979-9132 Fax: 269-979-9728 E-mail:

PCA #: 20717 Contract #: 20071289 Federal ID: 38-3318175

- A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Improving Practices Leadership Team (IPLT) continues to meet every other month. The focus of the IPL Team has begun to include the implementation and expansion of additional Evidence Based Practices, including DBT, CT and the initial planning for IDDT, along with CCISC/co-occurring efforts and systems transformation efforts to promote the implementation and expansion of EBPs. We continue our efforts to expand and sustain Family Psychoeducation. As we are implementing several EBPs, each affiliate continues to be in different stages of implementation and systems transformation. We are incorporating data and assessment needs into the EHR, which will assist in both shaping staff behavior related to assessment and treatment planning as well as provide an more efficient and effective way at accessing consumer outcome data to be used to evaluate and monitor outcomes. We have also added consumers to the IPL team and began to strengthen consumer involvement on the team through engaging in more welcoming and education of our consumer members. We continue to learn from each other and the Improving Practices Leadership Team meetings has been a wonderful forum to learn from one another, share successes, problem solve challenges and brain storm solutions.

- B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

The Improving Practices Leadership Team has been a good forum for promoting the systems change activities. We continue to see a high level of collaboration and problem solving amongst the affiliates around the implementation of FPE and other EBPs. Each affiliate has

strengths and expertise which we can all draw from and use to enhance the practices throughout the affiliation.

The FPE Program Leader continues to work with each site in identifying specific barriers to implementation and assisting each affiliate in the systems change process. The FPE Program Leader meets with those sites that are experiencing systems related challenges, assisting them in problem solving and developing action steps to promote systems change and implementation of FPE.

In the spirit of the MDCH transformation efforts, Venture Behavioral Health is expanding the scope and function of the Improving Practices Leadership Team to further promote the diffusion and expansion of the service array to include several Evidence Based Practices, including Family Psychoeducation, Dialectical Behavior Therapy, Cognitive Therapy, and Integrated Dual Disorders Treatment as well as others. We have been creating the leadership infrastructure necessary and have re-aligned Venture committees and workgroups to function more effectively and to integrate Evidence Based Practice throughout the committees and workgroups. We are very committed to continuing our efforts in promoting, expanding and sustaining our Evidence Based Practices.

We have requested the unspent dollars from Year 1 to be rolled over into Year 2 to provide additional FPE training to staff as well as provide added hours for the Program Leader to provide additional support to the implementation, monitoring and sustainment of evidence-based practices across the affiliation. We have found the FPE coordinator model effective and would like to replicate this model on a broader scale to include the other EBPs that we are implementing.

- C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

Each affiliate continues to build consensus with both internal and external stakeholders. Affiliates continue to provide regular updates to their boards and meet with stakeholders to discuss progress. We will be meeting on a more formal basis during Q2 with external stakeholders by holding community presentations in each of our counties.

- D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

### **Phase 1- Consensus Building**

**Awareness:** The activities that we had planned in our work plan associated with a specific time frame have been accomplished.

**Education:** We are planning to send 12 affiliate staff to the January training, including a supervisor from two affiliates. Following the January training, we will have accomplished our education goals.

Structural and Clinical Improvement: All activities planned for the first quarter has been accomplished.

Adaptation and Evaluation: All activities have been accomplished.

## **Phase II: Enacting**

Awareness: All activities planned for the first quarter have been completed.

Structural and Clinical Improvement:

1. Work with VBH PIC to implement process to collect and analyze data- this has not been completed as only two affiliates have begun FPE groups and one is in the process of joining, thus there has been little data to this point. The FPE program leader has implemented a process to collect data and send to U of M for the evaluation. This will be moved to Q2 of Year 2.
2. IP team and IPC will identify and define a core set of competencies as well as develop trainings to support clinical needs and areas of improvement- Completed.
3. Based on core competencies and training needs, will develop an annual training plan- this is being accomplished through the HRM committee at Venture. The following trainings are planned for Y2: DBT, CBT, FPE, Integrated Treatment for Co-Occurring Disorders.

Continual Improvement and Support

1. IPLT and PIC will use performance data to identify areas of improvement- there is not yet enough data.
2. Based on feedback from clinical staff, training enhancements will be identified and defined- needs will be presented to MACMHB- Venture has brought this information to MACMHB via monthly subcommittee meetings.
3. The IPL team and HRM continue to identify and develop other EBP's including DBT, CBT, MST, and are looking into more EBP's for children and adolescents.

- E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and their roles in the FPE project.

6 FPE facilitators from 3 Venture affiliate CMHSPs attended the Learning Collaborative held in October. The staff reported benefit from attending the learning collaborative and brought concrete techniques and ideas back that enabled them to improve FPE at their affiliate.

- F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

We have been able to meet most of our work plan goals for this quarter with the following exceptions:

1. Pines and Van Buren were not able to have two teams at their affiliate as planned. Each affiliate has experienced some staffing difficulties and turnover that have been barriers to doing this. They are both planning to send staff to the January training.



- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish project goal.

The PIHP is participating in the statewide evaluation- contracted with the University of Michigan. We are clear about the data needed to be collected. The FPE program leader is taking responsibility for coordinating the data collection efforts at each affiliate and ensuring that the data is sent to U of M.

- H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

Two affiliates, Barry County and Summit Pointe are holding one MFG and are working toward implementing a second group. Two other affiliates, Riverwood Center and Van Buren, had been building a group, but due to some staffing turnover, have had to postpone the implementation of FPE until further staff are trained in January.

2<sup>nd</sup> year 1<sup>st</sup> Quarter data:

Unduplicated consumers: 18

Unduplicated support persons: 27

Age	Gender	Diagnosis
18-25- 4	Female- 8	Schizoaffective- 7
26-35- 6	Male- 11	Psychotic D/O NOS- 2
36-45- 1		Mood Disorder 0
46-55- 6		Schizophrenia- 8
56-65- 2		GAD- 1
		Bipolar D/O 1
		(with psychotic features)
		Depressive D/O
		(with psychotic features)
		*One consumer had two diagnoses

- I. Describe the PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

Currently, the PIHP is utilizing grant dollars to implement FPE. Each affiliate is developing their FPE programs to be sustainable after the grant is completed by incorporating the program into their current spectrum of services and using Medicaid dollars for Medicaid eligible consumers for service provision. The PIHP will continue to monitor FPE at all affiliates through the current Health Resource Management Committee as well as the Improving Practices Leadership Team and Program Improvement activities that are ongoing.

We will be submitting an amended budget and workplan to include the unspent dollars lapsed from Year 1. Part of those dollars will be used to send additional people to training that was not in the original budget.

J. Describe the activities planned to address the project's goals and objectives for the next quarter.

1. Establish FPE teams in the affiliates that have experienced staffing difficulties- this includes sending appropriate staff and supervisors to training.
2. Hold stakeholder/community meetings.
3. Revise and implement work flow and other administrative processes- solve for barriers that have arisen during year 1.
4. Implement PI process within PIHP for ongoing program evaluation and monitoring.
5. Plan local implementation of additional EBPs (such as Integrated Treatment of Individuals with Co-Occurring Disorders (IDDT), CBT, etc.).
6. Create a local level evaluative capacity to monitor performance against outcomes.



## **Program Narrative Quarterly Report**

**Reporting Period:** October - December 2006 – 1<sup>st</sup>. Quarter Narrative

**PIHP:** Community Mental Health Partnership of Southeastern Michigan

**Program Title:** Multiple Family Group Psychoeducation Implementation Initiative

**Executive Director:** Kathy Reynolds

**Address:**

WCHO Towner II  
555 Towner Rd  
Ypsilanti, MI 48197

**Contact Person:** Sallie D. Anderson

**Phone:** 734.544.3000 **Fax:** 734.544.6732 **Email:**  
[andersons@ewashtenaw.org](mailto:andersons@ewashtenaw.org)

**MDCH Grant Specialist:** Karen Cashen

**PCA #:** 20718

**Contract:** 20061253

**Federal ID:** 38-3562266

**A. Briefly summarize the systems transformation efforts and implementation activities of the IPLT.**

The IPLT continues to meet monthly to coordinate EBP implementation, clinical program monitoring, and clinical policy and procedure. As of this quarter, each of the four CMHPSM agencies has at least one FPE group running in their county. The activities this quarter related to FPE implementation have focused not only on implementing the clinical components of the practice but also assessing barriers and “breakthroughs” related to model implementation. Each affiliate has identified the need for the next series of groups to be implemented with the benefits of lessons learned or the implementation is at risk for losing momentum and possibly ground.

**B. Briefly describe the systems change process activities during this quarter and the impact of this EBP process on creating systems change.**

Much of the focus this quarter has been on changing the system through the actual delivery of the FPE model. Monroe and Livingston had their Family Skills Workshop near or at the end of September. Lenawee conducted their Family Skill Workshop on November 11<sup>th</sup>. Based on the supervision video tapes, the Family Skills Workshops and the first three groups were delivered with fidelity.

**C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.**

Little work with other agencies or systems occurred this quarter. As previously mentioned, time was spent implementing the model. The National Alliance on Mental Illness of Livingston and Washtenaw continue to assist and take part in the delivery of this service.

**D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.**

The objects are:

1. Identify a Family Psychoeducation Coordinator in each county.  
Completed
2. Build Consensus in each community/county through educating stakeholders  
Completed
3. Identify barriers and plans to overcome barriers  
On-going
4. Train staff in the theory and practice of the model  
On-going
5. Implement a fidelity and outcome monitoring system in the region  
Completed
6. Implement at least one group in each county during 2006  
Completed

**E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving practices. Identify the unduplicated number of staff trained and each of their roles in the FPE project.**

**Training & Roles**

The affiliation sent five staff to the October FPE Learning Collaborative.

**Technical Assistance**

Supervision meetings continue to occur with all staff implementing PFE. This quarter approximately fifteen staff took part in supervision. The DCH EBP list serve continues to be accessed by staff for education and information. The teams also received large posters of the "Family Guidelines" and "Components of the Problem Solving Group" to assist as visual aides when facilitating groups.

**Program Development & Practice Improvement**

All groups are now providing data to Mary Ruffolo for the evaluation of the model. The teams will be finalizing their analysis of breakthroughs and barriers next quarter. These findings will be used to analyze the elements and steps needed to implement the next group. The approach is based on a total quality

management approach which includes defining, measuring, analyzing and controlling/standardizing the process of FPE Implementation. This process will also afford the staff a clear understanding of the resources needed to implement the next group. These resource needs will be brought to administration for review and approval or negotiation.

**F. Briefly identify any changes or issues encountered in implementation during this quarter and the action taken to address them.**

This quarter it became more apparent that the linking of the FPE practice to the consumers person centered plan (PCP) is not clear for staff. The absence of this understanding can lead to staff not integrating the model into their workflow which, as discussed in the previous quarterly report, will lead to burnout. The loss to consumers is that they will not be able to see how the work of the group links with their PCP goals. Supervision with staff implementing FPE will target this concern through providing examples of how the PCP and FPE are linked and can actually provide efficiencies in staff workflow.

**G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.**

Data collection using the evaluation protocols developed with Dr. Ruffolo has begun in all the counties.

**H. Describe the largest population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)**

There are currently fourteen groups taking place in the CMHPSM. Total consumers served this quarter are approximately seventy-five. The largest population is people with thought disorders.

**I. Describe the PHIP financial and in-kind support utilized to support this project and status of sustainable planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?**

We have experienced some difficulties getting local agencies to turn in mileage and travel expenses which have led to the Washtenaw Community Health Organization finance department taking responsibility for training the agency finance staff in how to report expenditures.

**J. Describe the activities planned to address the project's goals and objectives for the next quarter.**

Next quarter we will be focusing on:

- ❖ Continued training of staff on the importance of linking the PCP to the group problem being solved.
- ❖ Staff from across the affiliation will attend the January 2007 FPE training.
- ❖ Staff will attend the March Learning Collaborative meeting.

- ❖ Vocalizing to all affiliation staff the accomplishments of PFE implementers
- ❖ Formalization of the work plan for the implementation of the next group in each affiliate.

